

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

BERIAL NO. 10665203  
FILING DATE

APPLICANT(S)

11/2/06

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
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44					
45					
46					
47					
48					
49					
50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61	/					
62	/					
63	/					
64	/					
65	/					
66	/					
67	/					
68	/					
69	/					
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96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	41					
TOTAL CLAIMS	46					